

Please type a plus sign (+) inside this box->/ + IAtty Doc. No. 0480/01227 Total Page 29 UTILITY FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER PATENT APPLICATION Florian ABEL TRANSMITTAL Express Mail Label No.

Application Elements

Address To: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231

1./X / Fee transmittal Form (Submit an original, and a duplicate for fee processing) 2./ X /Specification To (Preferred arrangement set for below) Total Pages /

Descriptive title of the Invention

Cross References to Related Application Statement Regarding Fed. Sponsored R & D

Reference to Microfiche Appendix

Background of the Invention

Brief Summary of the Invention

Brief Description of the Drawings (if filed)

Detailed Description

Claim(s)

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Abstract of the Disclosure

3./ X / Drawing(s)(35 USC 113)(Figs.)

Total Sheets /4 /

4./ /Oath or Declaration

Total Pages/ /

a / / Newly executed (original or copy)

Signed statement attached deleting inventor(s) named in the prior application see 37 CFR 1.63(d)(2) and 1.33(b).

5. / / Incorporation by reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. / / Microfiche Computer Program (Appendix)

/7./ /Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

/ Computer Readable Copy

/ Paper Copy (Identical to computer copy)

/ Statement verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

8./ / Assignment Papers (cover sheet & document(s)

9/ / 37 CFR 3.73(b)Statement / /Power of Attorney

10./ /English Translation Document (if applicable)

11./ X /Information Disclosure / X / Copies of IDS Citations

12./X /Preliminary Amendment

13./ x/Return Receipt Postcard (MPEP 503)

Should be specifically itemized)
14./ /Small Entity / /Statement filed in prior application
Statements Status still proper and desired
15.// Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16./	/ Otner	 	

17. If a Continuing Application, check appropriate box and supply the requisite information:

/ /Continuation

/ /Divisional / / Continuation-in part (CIP)

of prior application No.

CORRESPONDENCE ADDRESS

/ Customer Number or Bar code Label

or / / Correspondence address below

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The filing fee has been calculated as shown below:

For:			SMALL/LARGE ENTITY				
Basic Fee			• • • • • • • • • • • • •	\$ 710.00			
Total Claims:	1120	= x	\$09./\$18. =				
Indep. Claims:	<u> </u>	= x	\$40./\$80. =				
[] Multiple Dependent Claim(s) presented:\$135./270 =							
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The Commissioner is hereby authorized to charge any other fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,

KEIL & WEINKAUF

Herbert B. Keil Req. No. 18,967

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